

# ASSIGNMENT 9

Textbook Assignment: "Administration," chapter 14, pages 14-1 to 14-14; "Health Care Administration," chapter 15, pages 15-1 to 15-13; and "Decedent Affairs," chapter 16, pages 16-1 to 16-15.

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- 9-1. The Medical Department Journal contains a chronological record of events concerning the Medical Department and should include all of the following EXCEPT
1. reports of personnel casualties, injuries, or deaths
  2. personnel entered onto or deleted from the binnacle list
  3. medical histories of personnel
  4. training lectures to stretcher bearers
- 9-2. NAVMED 6320/18, Binnacle List, is used to list all personnel falling into what status?
1. Admitted to the hospital
  2. Excused from duty for 24 hours or less because of illness
  3. Excused from duty for more than 24 hours because of illness
  4. Who reported to sick call in the morning
- 9-3. NAVMED 6320/19 Morning Report of the Sick, must be submitted to the commanding officer daily by what time?
1. 0800
  2. 0900
  3. 1000
  4. 1100
- 9-4. A member misses his clinical appointment. He has missed two previous appointments. What action, if any, should the Corpsman maintaining the appointment log take?
1. Call the member and reschedule the appointment
  2. Notify the member's chain of command that he has missed several appointments
  3. Do nothing; when the member is able to reschedule, he will do so
- 9-5. A notice issued under the Navy Directive Issuance System has the same force and effect as an instruction.
1. True
  2. False
- 9-6. In the process of making changes to directives, which of the following procedures should you follow?
1. Annotate the first page of the directive with "CH-#" (# = change number) to indicate the change has been incorporated into the directive
  2. If the directive is removed from the binder or file, replace the directive with a locator sheet
  3. If the directive is in the form of a publication, fill out the "Record of Changes" sheet in the front of the book
  4. Each of the above

- 9-7. Routine unclassified correspondence must contain all of the following items in the identification symbol EXCEPT
1. standard subject identification symbol
  2. date
  3. serial number
  4. organization code
- 9-8. In what publication would you find examples of and instructions for the proper formatting of a naval message?
1. NTP 3
  2. SECNAVINST 5210.11
  3. Navy Correspondence Manual
  4. Navy Message Manual
- 9-9. A Navy letter carries the subject identification number 5320. What is the major subject of the letter?
1. Military personnel
  2. Operations and readiness
  3. General administration and management
  4. Financial management
- 9-10. What is the process called that is used to determine the correct subject group under which documents should be filed?
1. grouping
  2. coding
  3. classifying
  4. cross-referencing
- 9-11. It is prudent to cross-reference a piece of correspondence under which of the following circumstances?
1. The basic correspondence has separate enclosures
  2. The document has multiple subjects
  3. There is more than one applicable SSIC
  4. Each of the above
- 9-12. Budget and accounting files are terminated and new files begun at what time(s)?
1. Semi-annually, on 31 March and 30 September
  2. Annually, at the end of the calendar year
  3. Annually, at the end of the fiscal year
  4. Every 3 years
- 9-13. Tickler files are used to determine all of the following EXCEPT
1. when reports are due
  2. ship's movement/port schedule
  3. when physical examinations are required
  4. immunization schedules
- 9-14. The Marine Corps specially assigns members to the Fleet Marine Force to serve as medical and dental personnel
1. True
  2. False
- 9-15. All of the following are considered part of the primary mission of the medical battalion EXCEPT
1. emergency treatment
  2. evacuation
  3. immunization
  4. temporary hospitalization
- 9-16. Which of the following could be considered accurate attributes of a fleet hospital?
1. Non-deployable, permanent station for high-intensity situations
  2. Transportable, with 100 to 500 beds, providing moderately sophisticated care
  3. Designed for short-term (less than 60 days) operations involving large numbers of ground forces
  4. Mostly self-supporting and relocatable, with less than 100 beds

- 9-17. A fleet hospital has what number of directorates?
1. 2
  2. 3
  3. 4
  4. 5
- 9-18. The operation of fleet hospital supply departments are conducted in accordance with what directive?
1. NAVMED P-5010
  2. BUMEDINST 6440.6
  3. NAVSUP P-485
  4. NAVSUP P-437
- 9-19. Through use of the Medical Augmentation Program (MAP), it is possible to do all of the following EXCEPT
1. monitor wartime manning readiness
  2. augment operational medical personnel, as necessary
  3. train medical personnel
  4. develop a readiness reporting system
- 9-20. The Mobile Medical Augmentation Readiness Team is a peacetime version of the Medical Augmentation Program.
1. True
  2. False
- 9-21. Detailed information concerning MMART can be found in what directive or manual?
1. NAVMED P-5010
  2. BUMEDINST 6440.6
  3. NAVSUP P-485
  4. NAVSUP P-437
- 9-22. Before an accurate determination of the number of personnel and amount of material are needed for a particular military operation, the staff surgeon and dental surgeon must know about enemy and friendly capabilities, as well as environmental factors. What is this information, taken as a whole, called?
1. Medical estimate
  2. Planning factors
  3. Medical intelligence
  4. Command mission
- 9-23. Who establishes patient evacuation policy?
1. Secretary of the Navy
  2. Joint Chiefs of Staff
  3. Chief of Naval Medicine
  4. Secretary of Defense
- 9-24. Eligibility for medical care at a military medical treatment facility is established by the \_\_\_\_\_ and verified by the \_\_\_\_\_?
1. Personnel office, medical treatment facility
  2. Military treatment facility, personnel office
  3. Commanding officer, physician on duty
  4. Commanding officer, personnel officer
- 9-25. In a case where DEERS determines that a patient with a valid ID card is ineligible for care, the ID card will always be the determining factor. No other supporting documents are required
1. True
  2. False

- 9-26. Which of the following beneficiaries can receive medical care and can also be enrolled in the DEERS system?
1. Red Cross workers
  2. Secretary of the Navy designees
  3. Secret Service agents
  4. Newborns
- 9-27. BUMED and OPNAV both have instructions covering healthcare and quality assurance programs?
1. True
  2. False
- 9-28. It is the primary function of which of the following programs to provide a good communication and rapport between the patient and medical department staff?
1. The Patient Contact Program
  2. The FOIA
  3. The Patient Relations Program
  4. The Family Advocacy Program
- 9-29. What authority has the responsibility of the Family Advocacy Program?
1. BUMED
  2. NMPC
  3. Family Service Center
  4. BUPERS
- 9-30. A committee consisting of members from what professional areas of the Navy reviews abuse cases?
1. Medical, line, chaplain, security
  2. Medical, chaplain, security, Family Service Center
  3. Medical, line, chaplain, Family Service Center
  4. Medical, line, security, Family Service Center
- 9-31. The Navy hopes to achieve its drug free "zero tolerance" goal by the use of which of the following methods?
1. Detection
  2. Education
  3. Deterrence
  4. Treatment
- 9-32. What training prevention program is specifically aimed at the junior Sailor?
1. ADAMS
  2. PREVENT 2000
  3. Alcoholics Anonymous
  4. IMPACT
- 9-33. What is the primary function of a DAPA?
1. To facilitate shipboard Alcoholics Anonymous meetings
  2. To coordinate on-site training for the crew
  3. To act as the liaison between civilian authorities and the Commanding Officer
  4. To arrange for inpatient treatment
- 9-34. Which of the following is a true statement concerning competence for duty exams?
1. The Executive Officer can fill out blocks 1 through 13 of NAVMED 6120/1
  2. An Independent Duty Corpsman can fill out blocks 12 - 49 of NAVMED 6120/1
  3. The patient must give his written consent before a sample of blood can be obtained
  4. A search authorization is required only if the patient refuses to cooperate

9-35. Medical has responsibility for which aspects of the Physical Readiness Program?

1. Testing
2. Education and training
3. Legal
4. Obesity research

9-36. The responsibility of informing a patient of the consequences of a non-emergent medical procedure and obtaining informed consent from that patient lies ONLY with the medical provider.

1. True
2. False

9-37. Of the following, who would be the best choice to witness a patient's consent to a medical procedure?

1. A stranger
2. An immediate family member
3. A member of the medical team
4. A relative

9-38. Which is NOT a true statement about an incident report?

1. They are confidential but if misused or mishandled, they can become public
2. The reports must be limited to only facts and a logical conclusion
3. Copies must be limited
4. They must be forwarded only to the quality assurance coordinator

9-39. The Privacy Act governs the disclosure of documents compiled and maintained by government agencies.

1. True
2. False

9-40. Through use of the FOIA an individual can gain access to information pertaining to himself from federal agency records and correct those records, if necessary.

1. True
2. False

FOR QUESTIONS 9-41 THROUGH 9-45, MATCH THE INSTRUCTION WITH ITS CORRESPONDING NUMBER. ALL ANSWERS WILL NOT BE USED.

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| <ul style="list-style-type: none"><li>A. Risk Management Program</li><li>B. Physical Readiness Program</li><li>C. Patient Relations Program</li><li>D. Family Advocacy Program</li><li>E. CHAMPUS</li><li>F. Quality Assurance Program</li><li>G. Sexual Assault Victim Intervention</li><li>H. Victim and Witness Program</li></ul> |
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9-41. OPNAVINST 1752.1.

1. E
2. F
3. G
4. H

9-42. BUMEDINST 6320.70.

1. A
2. B
3. C
4. D

9-43. NAVMEDCOMINST 6320.18.

1. C
2. D
3. E
4. F

- 9-44. BUMEDINST 6010.21.
1. A
  2. B
  3. C
  4. D
- 9-45. BUMEDINST 6010.13.
1. C
  2. D
  3. E
  4. F
- 9-46. Which statement is true concerning the release of an active duty patient under arrest?
1. No official action by hospital personnel is required before local authorities can take custody
  2. No patient may be released from treatment before it is medically reasonable to do so
  3. The patient must be transported directly to his parent command
  4. A federal warrant must be presented before the patient can be released to civilian authority
- 9-47. The Commanding Officer is authorized to deliver an active duty patient to civilian authorities when a proper warrant is presented under all of the circumstances listed EXCEPT when
1. the ship is within the territorial waters of the requesting jurisdiction
  2. the patient refuses to leave and requests a lawyer
  3. the patient is outside the jurisdiction of the civilian authority
  4. cognizant JAG office has not been contacted
- 9-48. All of the following are categories of eligible prisoner beneficiaries EXCEPT
1. military prisoners
  2. nonmilitary federal prisoners
  3. prisoners of war and other detained personnel
  4. illegal aliens awaiting deportation or processing
- 9-49. Which of the following personnel is authorized emergency care ONLY?
1. Enemy prisoners of war
  2. Nonmilitary federal prisoners
  3. A previously active duty person past his EAOS released from a foreign prison
  4. Personnel detained by the US government but not yet charged with a crime or arrested
- 9-50. Military prisoners are authorized care under all of the following conditions EXCEPT when
1. their discharge has been executed but their sentence has not expired
  2. they are on leave, awaiting discharge
  3. they require continued hospitalization after their discharge
  4. they have been sentenced under the UCMJ only
- 9-51. Child abuse and spouse neglect is covered in what program?
1. SAVI
  2. Family Advocacy
  3. Risk Management
  4. Child and Spouse Protective Services

9-52. The Decedent Affairs Program consists of the search, recovery, identification, care, and disposition of remains of deceased personnel for whom the Department of the Navy is responsible.

1. True
2. False

9-53. The Casualty Assistance Calls program is administered by the which of the following commands?

1. Commander, Naval Medical Command
2. Commander, Naval Military Personnel Command
3. Office of Medical Affairs
4. Commanding Officer, Naval Hospital

9-54. The Casualty Assistance Calls officer assists the next of kin (NOK) with which of the following item(s)?

1. Disposition of remains
2. Survivor benefits
3. Obtaining the rights and privileges that the NOK is entitled to
4. All of the above

9-55. Which of the following programs can only be activated upon the enactment of special legislation?

1. Return of Remains Program
2. Concurrent Return Program
3. Graves Registration Program
4. Current Decedent Affairs Program

- A. Current Decedent Affairs Program  
B. Casualty Assistance Calls Program  
C. Concurrent Return Program  
D. Graves Registration Program

**IN ANSWERING QUESTIONS 9-56 THROUGH 9-59, SELECT FROM THE ABOVE LIST THE PROGRAM THAT MOST CLOSELY RELATES TO THE STATEMENT IN THE QUESTION.**

9-56. Provides for the search, recovery, evacuation, initial identification, and burial in temporary cemeteries when tactical situation does not permit concurrent return.

1. A
2. B
3. C
4. D

9-57. Provides professional mortuary services, supplies, and related services incident to care and disposition of remains.

1. A
2. B
3. C
4. D

9-58. Is not identified as part of the Decedent Affairs Program.

1. A
2. B
3. C
4. D

9-59. May be activated to support large numbers of military personnel committed to a strategic area.

1. A
2. B
3. C
4. D

9-60. The personnel casualty report of an active duty Navy member shall be submitted by

1. telegram
2. routine precedence message
3. speedletter
4. priority message

- 9-61. Within CONUS, who is responsible for ensuring the next of kin is notified of a member's death?
1. Office of Medical Affairs
  2. The member's commanding officer
  3. Naval Military Personnel Command
  4. Commander, Naval Medical Command
- 9-62. The commanding officer will write a condolence letter to the NOK within \_\_\_\_\_ hours of the death.
1. 24
  2. 36
  3. 48
  4. 72
- 9-63. When search, recovery, and identification operations continue for more than 36 hours, a progress report will be made to BUMED and MEDDEN Affairs every \_\_\_\_\_ hours.
1. 8
  2. 12
  3. 24
  4. 36
- 9-64. After serving all identification purposes, the personal effects of a deceased naval member are disposed of as directed in the
1. NAVSUP Manual
  2. Manual of the Medical Department
  3. Naval Military Personnel Manual
  4. JAGMAN
- 9-65. Who will be requested to provide an identification specialist to examine unidentified remains?
1. Naval Military Personnel Command
  2. Commander, Naval Medical Command
  3. Geographic command
  4. Naval Office of Medical/Dental Affairs
- 9-66. What is the minimum number of projected deaths per year required for awarding contracts by naval activities for procuring mortuary services within CONUS?
1. 15
  2. 10
  3. 8
  4. 5
- 9-67. To minimize cellular deterioration, remains should be refrigerated at \_\_\_\_\_ C.
1. 0° to 2.2°
  2. 2.2° to 4.4°
  3. 4.4° to 6.6°
  4. 6.6° to 8.8°
- 9-68. How many copies of DD 2064 must accompany remains being transferred from an overseas activity to a CONUS point of entry?
1. 5
  2. 3
  3. 2
  4. 1
- 9-69. Once authorization has been obtained for burial at sea, who coordinates the arrangements?
1. Commander, Naval Medical Command
  2. Chief of Naval Operations
  3. Office of Medical Affairs
  4. Appropriate fleet commanders in chief
- 9-70. If it is desired to transport the uncremated remains by the Air Mobility Command (AMC) within CONUS, prior approval must be obtained from the
1. Commander, Naval Medical Command
  2. Chief of Naval Operations
  3. Secretary of the Navy
  4. Naval Military Personnel Commander



- 9-71. Problems concerning arrangements for a Navy escort within CONUS should be referred to the
1. Naval Office of Medical/Dental Affairs
  2. Decedent Affairs Officer
  3. Commandant of the Marine Corps
  4. Area commander
- 9-72. A request by the primary next of kin (PNOK) for a special escort must be referred to
1. Chief of Naval Operations
  2. Naval Military Personnel Command
  3. Naval Office of Medical/Dental Affairs
  4. Commander, Naval Medical Command
- 9-73. The maximum authorized Government allowance for expenses toward the interment of a deceased active duty member in a private cemetery can be found in which of the following publications?
1. NAVMEDCOMINST 5360.1
  2. NAVPERS 15955
  3. NAVSUP P-485
  4. NAVMED P-5016/NAVMC 2509A
- 9-74. Who has jurisdiction at the Arlington National Cemetery?
1. State government
  2. Department of the Army
  3. Department of the Interior
  4. Office of Medical Affairs
- 9-75. When group burials are necessary, round-trip transportation at government expense to the place of burial is provided for
1. the PNOK
  2. all members of the immediate family
  3. the PNOK and two blood relatives
  4. the PNOK and one other close relative